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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fill in on your computer.**  **Print and sign. Or**  **Print and complete manually** | | **DARIEN HIGH SCHOOL**  **PARENT(S) PERMISSION FOR FIELD TRIP** | | | | | |  | | | |
| I give my permission for my son/daughter | | |  | | | | | | | | to attend |
| Euro. Hist. class trip to the Met Museum Art (NYC)- cost of trip $45.00 | | | | on | | **December 14, 2011** | | | | | |
| I understand the nature and purpose of the trip and the mode of transportation and shall not hold the school responsible for any accident or incident that occurs beyond the reasonable supervisory expectation which will prevail via adult chaperoning. I recognize that students who are in violation of school rules may be required to withdraw from the trip. In the event of group violations, the entire trip may be terminated. | | | | | | | | | | | |
|  | | | | | | | | | |  | |
| *(Signature, parent/guardian)* | | | | | | | | | | *(Date)* | |
| **STUDENT ACKNOWLEDGEMENT:** | | | | | | | | | |  | |
| As a Darien High School student I realize that all school rules apply on school Field Trips.  Specifically, I am aware of the Board of Education's Drug and Alcohol Policy and the consequences for its violation.  (First offense: Suspension up to ten days: notification of parents and police. Second offense: Suspension for ten days: notification of parents and police: Superintendent's inquiry into expulsion). | | | | | | | | | | | |
|  | | | | | | | | | |  | |
| *(Signature, student)* | | | | | | | | | | *(Date)* | |
| **EMERGENCY MEDICAL AUTHORIZATION:** | | | | | | | | | |  | |
| ***PART I***: In the event that reasonable attempts to contact me (parent/guardian) or that attempts to reach the other names listed have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by the available licensed physician or dentist. | | | | | | | | | | | |
| This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery. | | | | | | | | | | | |
|  | | | | | | | | | |  | |
| *(Signature, parent/guardian)* | | | | | | | | | | *(Date)* | |
|  | | | | | | | | | | | |
| ***IF YOU DO NOT COMPLETE PART I, IT IS IMPERATIVE THAT YOU COMPLETE PART II*** | | | | | | | | | | | |
| ***PART II***: **I DO NOT** give consent for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | |  | |
| *(Signature, parent/guardian)* | | | | | | | | | | *(Date)* | |
|  | | | | | | | | | | | |
| **THE FOLLOWING EMERGENCY PHONE NUMBERS ARE IMPERATIVE:** | | | | | | | | | | | |
| MOTHER |  | Phone | | |  | | Cell | |  | | |
| FATHER |  | Phone | | |  | | Cell | |  | | |
| Other |  | Phone | | |  | | Cell | |  | | |